

# *READ THESE INSTRUCTIONS THOROUGHLY*

## STATE OF MINNESOTA

Board of Architecture, Engineering, Land Surveying Landscape Architecture, Geoscience, and Interior Design  
85 E 7<sup>th</sup> Place, Suite 160, St. Paul, MN 55101

### **PROCEDURES FOR APPLYING FOR ADMISSION TO THE FUNDAMENTALS OF GEOLOGY (FG) EXAMINATION**

#### **TO APPLY:**

**New applicants are required to submit, directly to the Minnesota Board office, the following:**

- Read the qualifications for admission to the written fundamentals examination for Geoscientist Applicants (MN Rule 1800.3910, Subp. 2) on the Board's website, [www.aelslagid.state.mn.us](http://www.aelslagid.state.mn.us).
- After you have carefully studied the rules and procedures for admission to the written FG examination, please submit to the Board office the following:
  - ☐ Completed Application for Admission to the FG Examination.
  - ☐ Required transcript(s) from university/college:
    - If you are currently enrolled in submit a "student copy" transcript with the application. You must be senior status at time of application or be within 30 semester or 45 quarter credits of graduation from a geoscience curriculum approved by the board for the geoscience discipline in which the applicant is seeking licensure— See MN Rules 1800.3910, Subp. 2.
    - If you have graduated, submit a final official transcript in a sealed envelope from your graduating college/university which indicates the degree awarded and date of graduation.
  - ☐ List of Geology Courses and credit hours – See MN Rule 1800.3910, Subp. 5, item A.
  - ☐ Application and examination fee: \$175 (made payable to the "MN Board of AELSLAGID"). DO NOT SEND CASH.

**Applicants that have previously submitted an application to take the PS and/or MNLS Exam and failed the exam, or did not take the exam, please submit the following documentation:**

- ☐ Completed application
- ☐ Application and examination fee: \$175 (made payable to the "MN Board of AELSLAGID"). DO NOT SEND CASH.
- ☐ Updated if transcripts if applicable

#### **APPLICATION REVIEW:**

- Once your application, fees and supporting documentation have been received and reviewed by the Board, a letter will be sent informing you of approval or denial for admission to the exam.
- Only complete applications will be reviewed.
- If your application is recommended for denial your exam fee of \$150.00 will be refunded to you.

<b>APPLICATION DEADLINES ARE POSTED ON THE BOARD'S WEBSITE.</b>
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**STATE OF MINNESOTA**  
**BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,**  
**LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN**  
**85 EAST 7<sup>TH</sup> PLACE, SUITE 160, ST. PAUL, MINNESOTA 55101-2113**  
**Phone: (651) 296-2388    HEARING IMPAIRED • 1-800-627-3529**

FOR BOARD'S USE ONLY
Application Number
Date Application Received

**Application for Admission to the  
Fundamentals of Geology Examination**

FOR BOARD'S USE ONLY
Application Fee \$
Date In-Training Status Recorded

**DATA PRACTICES ACT WARNING**

The data which you furnish on this form will be used by the Minnesota State Board of AELSLAGID to assess your qualifications for examination. You are not legally required to provide this data; however, if you fail to do so, the Board of AELSLAGID may be unable to process this application. After issuance of an In-Training Certificate, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers are not public information.

**NOTE: A \$175 application and exam fee must accompany your application.**  
**Make checks payable to: MN Board of AELSLAGID. Do NOT send cash.**

**1. Personal Information:**

Are you or your spouse an active member of the U.S. military? ☐ No ☐ Yes (priority processing)

Last Name	First Name	Middle Name	Social Security Number (Required)	
Former Name		Gender Male      Female	Date of Birth (month, day, year)	
Mailing Street Address		City	State	Zip Code
Is Mailing Address Home or Business?	Business Name (if applicable)	Contact Phone Number		

**2. Education**

Name and Location of Institution:	Month and Year		Date of Grad.	Degree Received
	From	To		

**For those who have not yet graduated:**      What is your expected date of graduation?      What is the degree to be obtained?

**3. Additional Information:**

Are you currently licensed with the Minnesota Board in another profession? _____ Yes    _____ No	License Number (if applicable)	Profession (if applicable)	
Have you previously applied to the Minnesota Board for examination or licensure? _____ Yes    _____ No	Date of most recent application	For which profession or examination?	Under what name?

**4. Complete the Geology course list on the next page.**

**5. Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Member Signature:**

Recommend Denial

Date

Recommend Approval

Date

**APPLICANT NAME:** \_\_\_\_\_

List the specific **GEOLOGY COURSES** and credit hours (note whether semester or quarter hours) that fulfill the requirements specified in MR 1800. 3910, Subpart 5, Item A for geologists. **Applicant must identify which courses meet the requirement for core geology subjects.** Attach additional pages as necessary.

Course Title	Semester/Quarter Credits	Institution	Type of Core Geology Subject (if applicable)

**CORE GEOLOGY SUBJECTS** include: physical geology; historical geology; stratigraphy; sedimentology or sedimentary petrology; mineralogy; igneous and/or metamorphic petrology; structural geology; hydrogeology; geochemistry; geophysics; glacial geology; geomorphology; and field geology or geologic field methods. **A minimum of 24 semester hours or 36 quarter hours must be from among the core geology subjects.** Attach additional pages as necessary.

## **A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT**

### **INTRODUCTION**

The Americans with Disabilities Act ("ADA") covers "public entities." The Board is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

### **WHO IS COVERED?**

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamentals alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

### **WHAT IS REQUIRED?**

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

### **QUESTIONS?**

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.



# INFORMATION FORM FOR APPLICANTS WITH DISABILITIES

## General Information

If you are a person with a disability, you may have certain rights under the Americans with Disabilities Act ("ADA"). A brief summary of these rights is on the back of this sheet. It is not meant to be complete. If you have any questions about your rights under the ADA we encourage you to call the United States Department of Justice, which has an ADA Information Line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

## Alternative Arrangements

The ADA require this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. **We are not required to do so if we are unaware of your need for accommodations.** We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

NAME: \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address: \_\_\_\_\_  
(Number and Street) City State Zip Code

Name of Examination: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Examples of reasonable accommodations include, but are not limited to: readers, oral interpreter or enlarged print. Describe in detail your request for "reasonable accommodations" (Please use additional paper, if necessary):

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Location: (if other than scheduled exam site): \_\_\_\_\_

Type of accommodation (reader, hearing impaired, etc.): \_\_\_\_\_